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WORKING WITH ACTORS IN OPEN DISCLOSURE SIMULATIONS

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Abstract

A key strategy in facilitating learning in Open Disclosure training is the use of hypothetical, interactive scenarios called ‘simulations’. According to Clapper (2010), the ‘advantages of using simulation are numerous and include the ability to help learners make meaning of complex tasks, while also developing critical thinking and cultural skills’. Simulation, in turn, functions largely through improvisation and role-play, in which participants ‘act out’ particular roles and characters according to a given scenario, without recourse to a script. To maximise efficacy in the Open Disclosure training context, role-play requires the specialist skills of professionally trained actors. Core capacities that professional actors bring to the training process include (among others) *believability*, an observable and teachable skill which underpins the western traditions of actor training; and *flexibility*, which pertains to the actor’s ability to vary performance strategies according to the changing dynamics of the learning situation. The Patient Safety and Quality Improvement Service of Queensland Health utilises professional actors as a key component of their Open Disclosure Training Program. In engaging actors in this work, it is essential that Facilitators of Open Disclosure training have a solid understanding of the acting process: what acting is; how actors work to a brief; how they improvise; and how they sustainably manage a wide range of emotional states. In the simulation context, the highly skilled actor can optimise learning outcomes by adopting or enacting – in collaboration with the Facilitator - a pedagogical function.

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I'm a Head of School in the Creative Industries Faculty at Queensland University of Technology. My school is known by its acronym, "MECA" – which stands for Media, Entertainment and Creative Arts.

The 7 disciplines in my school encompass the creative arts areas of Dance, Drama, Music and Visual Art; as well as Film and Animation; Journalism and Media Studies; and Creative Writing.

Some of our courses – especially those in Dance and Drama – are intensive, studio-based training programs, including a 3 year Bachelors degree in Acting.

So as an academic, one of the areas I'm interested in is Acting, and the whole 20th Century western tradition of actor training. I also run a number of projects in what we call Applied Theatre, where theatre and drama-based techniques are used in organisational development, culture and leadership, change management and so on.

And I'm presenting today not only on my own behalf, but also that of my colleague Dr Mark Radvan. Mark is a teacher, and researcher, but also a theatre director who - by profession - works with actors, and teaches actors.

Last year, Mark and I began a collaboration with Fiona Hawthorne from the Patient Safety Centre in Queensland Health. Fiona was preparing an Open Disclosure training manual, and Mark and I wrote a section on working with actors in the context of Open Disclosure (or for our purposes today I could say Incident Disclosure).

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So that's a short history of why I'm here.

As part of our collaboration with the Patient Safety Centre, Mark and I observed a number of Open Disclosure training simulations in action, all of which involved professional actors improvising the parts of patients or family members who'd been affected by an adverse clinical event of some kind. It's standard practice, I should add, for Queensland Health to utilise professional actors in OD training.

For me, there were many lessons to be drawn from witnessing this clinician training in practice. My overriding impression, though, was how closely this work resembled a theatre rehearsal. Watching Jillann Farmer, the expert Facilitator, take the trainees through their paces was uncannily like watching a theatre director working on the floor with actors, helping them to understand their “given circumstances”, to think and feel in role, to react spontaneously and empathically “in the moment”.

Jillann used actorly terms like “emotion memory” and “empathic enactment”. She asked trainees to “summarise emotional content”, asking them not only “what do you think”, but also “how do you feel? What is the patient feeling? How is the patient feeling?”. Consistently, persistently, she invoked the metacognitive dimension, talking about thinking and bringing into focus in the actual moment of learning: “What’s really happening here, underneath the words ... what’s going on behind the words?”

And later, in speaking with Jillann about this apparent coincidence of her working language and that of the theatre director, it turns out to be just that: she has no theatre training; has never worked as a director; but gradually evolved these terms and concepts out of necessity, and her own lived, professional experience.

I was especially taken with Jillann's comment in summing up one of the sessions, that the training was fundamentally about "learning to be a professional human".

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So there's quite a lot I'd like to talk about, but in the 15 minutes or so that I have left, I want to make two key points about working with actors in Open Disclosure simulations; and briefly to elaborate around each of these.

The first point is that an experienced, professional actor is a fundamental resource in this work. If the Facilitator of clinician training understands some core principles of acting, and of improvising, and utilises the actor's skills effectively, then the actor

becomes a vital collaborator with the Facilitator in achieving the learning objectives of the training simulation.

The second point - if we get time to talk about it - is that learning processes such as Open Disclosure training, which utilise professional actors and trainees together; which incorporate role-play, and high-stakes emotional content, and aesthetic engagement ... processes like this are extremely powerful. In fact, as many of you will know first-hand, this work can be risky, since the simulations may be contrived, but the emotions - often - are very real. So there's a kind of interplay here, between Simulation and Stimulation – the stimulation in both actor and trainee of real, raw emotion. And this interplay, in turn, engages an ethical imperative, which is that the power of this work must be understood by all participants, and respected, and expertly managed - especially by the Facilitator.

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(I said in my abstract that): “To maximise efficacy in the Open Disclosure training context, role-play requires the specialist skills of

professionally trained actors. Core capacities that professional actors bring to the training process include (among others) *believability*, an observable and teachable skill which underpins the western traditions of actor training; and *flexibility*, which pertains to the actor's ability to vary performance strategies according to the changing dynamics of the learning situation."

And I remarked earlier how closely this work resembles a theatre rehearsal. One key difference, of course, is that Open Disclosure simulations are not an entertainment for an audience; they're really a kind of emotional classroom, or laboratory, with specific pedagogical objectives. Fundamentally, it's about rehearsing for the real, because in real life, clinicians have to perform complex OD skills under real emotional duress. And it's the job of the actor - where appropriate - to give victories to the clinician trainee; to reward, if you like, good Open Disclosure practice as it's being learned.

So while role-play and improvisation are commonly associated with the theatre, they're also widely acknowledged as powerful teaching

tools, and used in a variety of settings from games, to therapy, to training programs in education, business, and government.

This is because they stimulate learning in ways that more conventional techniques cannot. Role-play engages the body, the intellect and the imagination. Done properly, it provides a safe and structured process for participants to experiment: to try out strategies and solutions, to refine techniques, and develop skills that can later be used for real. Improvisation enables participants to try things out in a simulated world, without having to worry too much about real consequences.

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There is, in Open Disclosure training, a kind of 3-way learning dynamic that operates, between the Facilitator, the trainee, and the actor. The Facilitator controls the whole process, instructing and supporting both the trainee and the actor. It is important to recognise, however, that in this dynamic, the actors will be 'in role', playing people (or characters) other than themselves. This is an

actor's stock-in-trade. The trainee, on the other hand, will in effect be playing his or her real self.

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For now, though, I want to talk briefly about the skills that the actor brings to the training mix; and to describe some practical strategies for integrating these skills into OD simulations.

Actors come in all shapes and sizes, personality types and temperaments. They're as diverse as any group in society. But acting itself - as a craft, and as a profession - is unique. The actor's labour is simultaneously physical, intellectual and emotional. Most importantly, the actor works through the imagination. It is an actor's job to create and respond imaginatively to an imagined world *as if it were real*. In working with actors, it is important to understand these unique characteristics of their work. Doing so will enable the actor to fulfil the task for which they've been employed. Conversely, the effectiveness of Open Disclosure training is likely to be compromised

if Facilitators have little understanding of what acting entails or how actors work.

In practical terms, a Facilitator should meet with the actor prior to a training day, for orientation and for planning. If the actor has only just been engaged to do this work, the purpose of the training should be explained, and there should be a discussion about how the character is to be played.

The kind of acting you are seeking in this context is probably best described as 'realistic' acting. And at the heart of realistic acting is a simple proposition: that the actor is someone who can re-act believably to imaginary circumstances, *as if* they were real.

These circumstances can be categorized as Physical, Social, Psychological and Moral. 'Physical' is to do with the imagined environment, with time and place. It is also to do with the character's physical life – what they normally 'do' in a physical sense – and what level of physical energy they bring to their everyday interactions. 'Social' is to do with relationships - past and present,

close or distant, public or private. It's also to do with status and power. The 'Psychological' dimension (we could say 'mental' or even 'emotional') is to do with needs and wants, hopes and fears. 'Moral' is to do with the ethics of action - in other words, what we could call good behaviour or bad behavior. Will a character be reasonable, calm, cooperative; or might they use threats, inducements, or aggression to get what they need?

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So when the Facilitator briefs the actor, they will introduce the chosen case study or the scenario which forms the basis of the training simulation. It's important, though, that some analysis of the scenario has been done, in order to identify and understand its key elements – this is what we would call the given circumstances. Some of these can be deduced directly from the scenario as it's written; others may be inferred, or imagined by the actor in collaboration with the Facilitator.

In order to build belief, the actor needs to know key information about his or her character. So a scenario analysis is about extracting the information needed to fill in the circumstances that the actor has to imagine and react to as if they were real.

In particular, it should include information about four key things:

a) **A clear picture of the human situation** (Patient, friend, relative? Age, marital status, employed?);

b) **How the actor's character is involved in that situation** (What has happened? What are the consequences? When did it happen? Where did it happen? What will happen now?);

c) **What mental and emotional state that character is experiencing** (What are his or her key relationships that are relevant to this situation? What are they going through? Are they calm or agitated? Passive or aggressive? High or low status? Powerful or disempowered?);

And finally:

d) **What they want or need or will fight for in the context of that situation.**

This is what we can call the Hope Zone and the Fear Zone.

In other words: the 'Hope Zone': is what the character wants or hopes for from the clinician in the Open Disclosure situation. He or she may be **hoping** for explanations, or apologies; they may want understanding, respect, gentleness, honesty, or empathy; they may be seeking a solution; they may want to know that they're dealing with the person who was the immediate 'cause' of the event.

Then, there is the 'Fear Zone':- what does the character fear or even expect from the clinician?

The character may be **fearing** they will get arrogance from the clinician, or cover-ups; a lack of understanding or respect, coldness, disengagement; refusal to take responsibility, bureaucratic obfuscation, or high-status behavior. They may fear they will be

abandoned; or that they're dealing with an intermediary rather than the person who was the immediate 'cause' of the event.

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So ... there are obviously many things to consider. All of these are important pieces of information that give the actor a sense of how to play the scenario. The interplay of differing combinations of energy, emotion and status produce completely contrasting emotional behaviours.

However - guiding the actor towards an understanding of his or her character and situational context is just the first step. They must also be briefed on the specific learning points that the simulation needs to address. For while it is necessary for trainees to engage with difficult or emotionally challenging behaviours, it is equally important that when they use the right Open Disclosure techniques, with the right degree of sincerity, the actor recognises them and 'gives way'. For example, a trainee who is able to guide the character into the Hope Zone is going to be rewarded with a much more

positive response than a trainee who inadvertently keeps pushing the character into the Fear Zone.

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Power of the form; Safe and ethical practice

Teaching trainees to perform skills under significant emotional strain.

Adrenaline rush

Simulation vs Stimulation

En-roling and de-roling

Actor in-role vs actor as actor

Time-out, pause, rewind